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Application Number

Filing Date REQUEST FOR WITHDRAWAL First Named Inventor AS ATTORNEY OR AGENT Group Art Unit **Examiner Name** Attorney Docket Number

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To: Assistant Commissioner for Patents Washington, DC 20231									
I hereby apply to withdraw as attorney or`agent for the above identified patent application.									
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This request is enclosed in triplicate.									
Name	Scott		R.	Boalick			/		
Signature	٧	1	2						
Date	March 30, 2007								
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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